

Report to the Legislature

**Parole Services for
High-Risk Juvenile Offenders**

**Chapter 338, Laws of 1997, Section 34
RCW 13.40.212(2)**

September 2013

Juvenile Justice and Rehabilitation Administration

Juvenile Rehabilitation
Division of Community and Parole Programs

P.O. Box 45720
Olympia, Washington 98504-5720
(360) 902-8100
Fax: (360) 902-8108



Table of Contents

Executive Summary.....	3
Parole Services for High Risk Juvenile Offenders.....	5
Increasing Parole Effectiveness.....	5
Planning and Implementation: Intensive Parole in the Service Continuum.....	6
JR Parole Today.....	8
JR Looking to the Future.....	11
Conclusion.....	12
Appendix A: JR Youth Demographics.....	13
Appendix B: FFP Evidence Base & Youth and Family Outcomes.....	14
Appendix C: FFP Case Management System.....	17
Appendix D: Youth Released Without Parole Services.....	18

EXECUTIVE SUMMARY

In 1997, the Washington State Legislature required the Department of Social and Health Services' Juvenile Rehabilitation Administration (JRA) to implement an intensive supervision program within its parole services.

This legislation¹ required that the program be provided for juvenile offenders at highest risk to reoffend. The Legislature required annual reports on progress in meeting goals for information management and program evaluation, implementation, quality and effectiveness.

In 2003, JRA, now known as Juvenile Rehabilitation (JR), with the Juvenile Justice and Rehabilitation Administration (JJ&RA), introduced Functional Family Parole (FFP), a family centered, strengths focused and alliance based case management system. Developed in conjunction with Functional Family Therapy, LLC, FFP emulates the principles and skills of Functional Family Therapy (FFT), an evidence-based intervention with over 40 years of research showing positive impacts on recidivism for high risk youth.

In 2013, as part of E2SHB 2536² FFP was designated as an evidence-based program with highly adherent delivery. JR

90 percent of parole youth have families involved in their transition and reentry plans to their homes and communities.

(Source: JR Parole End of Month Reports, FY13)

trains all FFP case managers to operate from a relational focus and have a solid skill set for engaging and motivating high risk youth and their families to participate in services designed to increase protective factors and reduce risk factors.

FFP is the parole model delivered to all youth on parole, including those receiving Intensive Parole supervision. All parole services focus on identifying transition and reentry support for individual youth needs, incorporating family support, offering careful

supervision and utilizing evidence-based programs. JR Parole Case Managers are consistently rated high in program adherence, critical to the continued success of the model.

In Fiscal Year 2013, **673** youth were released from residential confinement and **283** (42%) participated in Functional Family Parole, including all youth on Intensive Parole. Due to limited funding and continued budget impacts in FY2013, **390** (58%)³ youth left JR custody directly

Parole Types Include:

- Intensive Parole for the top 25 percent highest-risk juvenile offenders
- Parole for graduates of the Basic Training Camp Program
- Parole for youth convicted of Auto Theft
- Parole for Youth who Sexually Offend
- Family Integrated Transitions Parole
- Parole for youth from another State

¹ RCWs 13.40.210, Parole Program and 13.40.212, Intensive Supervision.

² Updated Inventory of Evidence-Based, Research-Based and Promising Practices, EBPI & WSIPP, www.wsipp.wa.gov, June 2013.

³ Residential Release Report FY13, Juvenile Rehabilitation Automated Client Tracking (ACT) system, August 2, 2013.

from a secure facility to unsupervised life in their communities. Lacking parole aftercare services, these youth have an increased risk of failure and recidivism.

JR Youth Have Complex Needs

Of the youth released from residential confinement in 2013, over **62%** have mental health needs, **50%** were diagnosed as chemically dependent, and **38%** met eligibility for Special Education.⁴ Over **29%** of youth releasing from JR residential confinement have two or more treatment needs. Treatment needs include: mental health; chemical dependency; Youth who have sexually offended; special education; and medical fragility (see Appendix A). JR provides an effective, comprehensive and collaborative aftercare system to address those complex needs, including: Functional Family Parole, Family Integrated Transitions, Functional Family Therapy, Multi-Systemic Therapy, Aggression Replacement Training, sex offender treatment, substance abuse treatment, and connection to community based mental health treatment, mentoring, education and vocation services.

JR has created and continues to enhance their system of parole services, including Intensive Parole for the highest risk youth, critical to a positive reentry when a young person returns home. The IP model has evolved from an intensive supervision and case management model to an intensive FFP-based supervision and case management model and recent evidence supports its effectiveness. Dollar for dollar, evidence-based programs in conjunction with Functional Family Parole help make communities safer, reduce recidivism and assist youth and families in achieving success.

⁴ Custom Report, JR ACT FY13, August 2, 2013.

PAROLE SERVICES FOR HIGH RISK JUVENILE OFFENDERS

In 1997, the Washington State Legislature recognized that traditional parole services for high-risk juvenile offenders were insufficient to provide adequate rehabilitation and public safety. Intensive Aftercare, a model advocated by the Office of Juvenile Justice and Delinquency Prevention,⁵ showed promise to reduce recidivism among juvenile offenders.

The Legislature mandated (Chapter 338, Laws of 1997, Section 34) implementation of Intensive Aftercare for youth in the Department of Social and Health Services' - Juvenile Rehabilitation Administration (JR) who are at highest risk to re-offend.

The new law enumerated principles and elements of the Intensive Aftercare program and required JR, beginning December 1999, to report annually to the Legislature on process and outcome findings. That is, to: "Report on the department's progress in meeting intensive supervision program evaluation goals...A plan for **information management** and **program evaluation** that maintains close oversight over **implementation** and **quality control**, and determines the **effectiveness** of both the **processes** and **outcomes** of the program."

INCREASING PAROLE EFFECTIVENESS

By 2003, JR had implemented a program based on the Evidenced-Based Practice of Functional Family Therapy (FFT) called Functional Family Parole (FFP). Determined to increase the effectiveness of *all* parole services, JR made FFP available to all participants receiving JR parole services. At the time, this included all youth released from residential confinement with the exception of youth transferred to the Department of Corrections upon completion of their JR sentence and those turning 21 years of age.

The administrative decision to bolster all parole services, not just Intensive Parole, allowed all youth assigned to parole the opportunity to benefit from this program. FFP was adopted as the core community parole aftercare component of JR's cognitive behavioral based ***Integrated Treatment Model***⁶.

FFP is a specific parole case management and service delivery system created in collaboration with Functional Family Therapy, LLC. Functional Family Therapy (FFT), developed by Dr. James Alexander, has over 40 years of research supporting its effectiveness in reducing recidivism in high risk juvenile populations⁷.

JR provides FFP to **all parole youth** and offers FFT to certain eligible youth and families based on capacity and geography. In Fiscal Year 2013, approximately 18% of eligible youth and families received the FFT intervention. JR is committed to maximizing the service delivery of this highly effective intervention and continues to explore additional options for expanding the implementation of FFT along with other evidence-based programs.

⁵ David Altschuler and Troy Armstrong, *Intensive Aftercare for High-Risk Juveniles: A Community Care Model*, Office of Juvenile Justice and Delinquency Prevention, September 1994.

⁶ Henry Schmidt III, PhD, and Robert E. Salsbury III, M.S., *Fitting Treatment to Context: Washington State's Integrated Treatment Model for Youth Involved in the Juvenile Justice System*, Report on Emotional and Behavioral Disorders in Youth, Spring 2009.

⁷ www.fftinc.com

FFP combines best practices such as identifying natural supports, linking families to their communities and monitoring parole compliance. Family support is critical to preventing youth from re-offending. Family involvement is also essential to understanding how to best match the FFP supervision and available resources to increase family strengths and protective factors while addressing individual and family risk factors.

FFP's family based focus incorporates individually matching services to youth and families, responding contingently to parole violations and including families when determining graduated interventions. These activities make FFP distinct from and far more effective than 'traditional' supervision where youth alone are the primary focus.

90 percent of youth on parole have families who are involved in their transition and reentry plans to their homes and communities.

(Source: JR Parole End of Month Reports, FY13)

The majority of youth releasing to parole return to the family home and have families who are involved in their transition and participate in parole aftercare services. Youth who reach majority or are independent and do not have families available require extra assistance. Parole counselors strive to find persons significant to the youth who may fulfill at least some of the support not available from the absent family. These individuals are involved in parole meetings and support the youth before, during and after parole services.

Using engagement and motivation techniques drawn from the FFP model, JR parole counselors help families move beyond blaming and negative interactions - they reinforce positive changes made by the youth while in residence and encourage participation in family based services that improve family bonding and communication. These positive changes are embedded within the family structure and supported by the parole counselor so they may be sustained beyond parole supervision.

PLANNING AND IMPLEMENTATION: INTENSIVE PAROLE IN THE SERVICE CONTINUUM

"[W]hen no appropriate schooling, vocational training, or employment is provided, housing or food is inadequate, or psychotropic medication is not maintained, the risks for failure are elevated. Adolescents with co-occurring disorders especially require attention on multiple fronts as do 'high risk' adolescents who by definition have multiple problems." (Altschuler, 2008)⁸

Intensive Parole is one of several parole programs mandated by Washington State Statute for juvenile offenders committed to the Department of Social and Health Services' Juvenile Justice &

Juvenile Rehabilitation, while instituting and refining Intensive Parole, has transformed its entire community aftercare into a comprehensive youth and family based service delivery system.

Rehabilitation Administration (JJ&RA). Juvenile Rehabilitation (JR) has intentionally worked to deliver best practices and evidence-based approaches across all parole types, while striving to maintain parole as part of the whole continuum of rehabilitative services. The table below shows how planning and development of JR parole has evolved since the introduction of Intensive Parole in 1997.

⁸ David Altschuler, *Rehabilitating and Reintegrating Youth Offenders: Are Residential and Community Aftercare Colliding Worlds and What Can Be Done About It*, Justice Policy Journal, Vol. 5 – No. 1, Spring 2008.

Traditional Practice to Evidence-Based and Promising Programs	
Phase	
1	October 1998 to October 1999 Traditional Community Linkages with Intensive Supervision
	<ul style="list-style-type: none"> ◆ Residential experience not significantly different ◆ Day reporting/work crew programs available ◆ Emphasis on implementing intensive supervision components
2	October 1999 to October 2000 Residential, Transition, and Intensive Community Supervision with Traditional Community Linkages
	<ul style="list-style-type: none"> ◆ Intensive Parole Transition Counselors focus on pre-release preparation of identified residential youth ◆ Access to transitional/step-down community placements remains difficult for high-risk youth ◆ Process improvements are made for enhanced transition
3	October 2000 to January 2003 Evidence-based Programs Expansion and Intensive Parole Standards revised
	<ul style="list-style-type: none"> ◆ EBPs implemented in Regions include: ◆ Aggression Replacement Training (ART) Functional Family Therapy (FFT) ◆ Multi-systemic Therapy (MST) Family Integrated Transitions (FIT) ◆ Intensive Parole Standards are modified for flexibility and outcomes while keeping fidelity to the model ◆ The Risk Assessment score is raised to manage the proportion of JR youth eligible for Intensive Parole
4	January 2003 to June 2009 Functional Family Parole Adopted, Standards Refined, Quality Assurance Implemented, Evidence Based Practices Further Expanded
	<ul style="list-style-type: none"> ◆ Intensive Parole Standards are significantly revised to incorporate the Functional Family Parole model to obtain better outcomes ◆ Functional Family Parole Standards are refined and revised ◆ Quality assurance protocols are developed and implemented
5	June 2009 to December 2011 Expansion of Community Residential Programs and Parole Redesign
	<ul style="list-style-type: none"> ◆ Increase of JR Community Facility beds ◆ Standards for releasing youth at their minimum sentence revised ◆ Loss of Enhanced Parole (over 50% of youth releasing receive no aftercare services) ◆ Parole redesign incorporates Integrated Case Management/Wraparound principles
6	Since December 2011... Enhancement of Risk Assessments, Community Transition and Reentry and Program Evaluation
	<ul style="list-style-type: none"> ◆ Risk assessment tools are revised ◆ Release criteria established and enhanced for all youth ◆ Development of additional Community Facility locations and Transition and Reentry services ◆ Diagnostic re-design enhances effectiveness of youth transition ◆ Increase of evidence based practices through expansion dollars ◆ Program evaluation shows statistically significant reductions in crime and increases in employment for youth participating in parole ◆ FFP designated as evidence-based with high fidelity delivery

JR PAROLE TODAY

The National Juvenile Justice Network⁹ recently identified important factors contributing to a youth's success returning to their communities:

- In the six months post release youth who received community aftercare, including community based services, were more likely to attend school, go to work and avoid further reoffending.
- Increased duration of community supervision decreased further system involvement and increased engagement with school and work.
- Involvement in community based services reduced the likelihood of further system involvement during the six month aftercare period.

The Urban Institute published an article on Youth Reentry¹⁰ and recommends reentry programs include:

- a strong focus on reintegration of the youth into society
- a youth development perspective
- pathways to address the unique role of race/ethnicity and gender
- an active engagement towards building a supportive community and family network
- a voice in the national agenda for public education and research

JR's Integrated Treatment Model (ITM) focuses on a strong continuity of care, effective treatment services, efficient case management practices, comprehensive education, vocation and employment programs, inclusion of family, community-based connections and youth voice.

JR parole programs are not only well poised to address these factors, they are uniquely tailoring aftercare services to the individual risk and needs profiles of the youth releasing with parole supervision. The phase based structure of the FFP model allows for great agility within the family meetings to respond contingently and hold youth accountable to ensure community safety and increase positive outcomes.

Family Involvement

Functional Family Parole (FFP) is provided to all youth qualified for parole services. This program uses Functional Family Therapy principles delivered by parole counselors to assist youth and their families. These principles are utilized with all parole youth, regardless of whether a family is involved.

Many youth and families qualify for *Functional Family Therapy (FFT)*, a powerful research-based program. Delivered over twelve to sixteen weeks, FFT works to give the

⁹ *New Research Shows Community-Based Alternatives as Effective as Institutional Placements for Curbing Re-arrest in Youth with Serious Offenses*, National Juvenile Justice Network (NJJN), January 2010.

¹⁰ *The Dimensions, Pathways and Consequences of Youth Reentry*, Mears, D.P, Travis, J. Research Report, January 2004. www.urban.org

youth and family tools for a successful reentry to the community, increase family bonding, decrease family conflict and identify more effective communication strategies.

Youth who have co-occurring mental health and substance use treatment needs may qualify for *Family Integrated Transitions (FIT)*, a 22 week evidence-based intervention with *Multi-Systemic Therapy (MST)* as the base treatment model combined with Dialectical Behavior Therapy (DBT), Motivational Enhancement Therapy (MET), and Relapse Prevention. FIT begins working with the youth and family 2 months prior to the youth's release from a residential program and continues for 4 months while the youth is on parole.

Links to Education and Employment

Parole counselors and therapists (in-house or contracted) assist youth and their families with connections to community resources, primarily education and employment. They collaborate with the family to establish treatment goals and support active participation in positive community activities.

While treatment for sex offenses, mental health, and substance abuse are offered, and the Wraparound process is available in some areas, vocational training and educational support are main priorities for many youth releasing to parole. Access to employment for working age youth and providing continuing education are two of the most critical factors in reducing recidivism. The goal is to have an individual plan developed in conjunction with the youth and family that will ultimately increase positive participation in pro-social and productive activities.

Evidence-Based Programs and Promising Practices

JR is committed to delivering services that are culturally relevant and reduce recidivism. With the recent identification of FFP as a research-based program, JR parole has evolved into a comprehensive system providing effective services to the highest risk youth in Washington State.

Youth with a history of violence toward others may receive *Aggression Replacement Training (ART)*, a 12 week cognitive based program designed to help youth identify and control anger cycles, develop positive pro-social skills and increase moral reasoning.

Mentoring

Many youth are linked with community volunteers who commit to a year-long mentoring relationship to help coach and guide youth using modeling, instruction, recreational activities and friendship. Additional strategies beyond the traditional one to one mentoring model are continually explored in partnership with local communities in Washington State to maximize mentoring relationships with JR youth. These strategies include:

- Group Mentoring
- E-Mentoring (electronic mentoring)
- Peer Mentoring

- Tutor Mentoring
- Partnerships with AmeriCore/Vista

Close Supervision for Community Safety

Youth receive careful supervision by trained parole counselors. Swift and consistent interventions assist youth to redirect when necessary – including possible return to an institution for serious and dangerous conduct in the community.

Although revocations are costly and disruptive to the youth’s programming, they are few in number and reserved for only the most egregious violations and mandatory conditions that require temporary confinement.¹¹ During FY13, 240 revocations occurred, translating to an average of 5.5% of youth on parole being returned for temporary confinement.¹²

Additional graduated interventions are available to the parole counselor which include but are not limited to: electronic home monitoring, increased home visits, decreased curfew, community service, additional check in with available counselor assistants, urinalysis testing, polygraph examinations, other community resources and, of course, ideas generated from conversations with the family.

Quality Assurance

Parole consultants are available in each regional office and work closely with the parole counselors to ensure Functional Family Parole is delivered as intended. Ongoing training and consultation is provided to ensure parole counselors have the necessary tools to stay adherent to the FFP model. Adherence measures are tracked monthly, quarterly and annually to identify areas of strength and improvement. Environmental assessments are also conducted bi-annually to determine program environment suitability for effective FFP delivery.

Diagnostic Re-Design, Transition and Reentry Focus

JR is committed to continuous quality improvement. As such, a recent analysis of the tools used to identify appropriate residential placement and risk for re-offense resulted in a new set of assessments that better predict success for youth during transition throughout the JR continuum of care and reentry back into their home communities. As of August 1, 2012, a new diagnostic process was designed and is being implemented that focuses on:

- An enhanced youth experience and a shorter pre-admission period
- A focus on early engagement, treatment, transition and reentry planning
- Greater alignment with the JR Integrated Treatment Model
- Increased efficiencies due to the reduced number of JR Institutions
- Reduced duplication within the diagnostic and intake process
- Implementation of the Integrated Treatment Assessment (ITA) into the diagnostic process and using it as a guide for case management

¹¹ RCW 13.40.210, Parole Program and WAC 388-740: Parole Revocation.

¹² Ivory Reports 13 and 16, JR ACT FY13; August 2, 2013.

JR is also committed to continual program assessment. In the last year, a comprehensive focus on retooling transition and reentry practices within the ITM has ensued. JR is currently implementing this process as of September 2013. This work will significantly enhance current activities within the continuum of care targeted to:

- Streamline the diagnostic, assessment and treatment planning process
- Begin reentry planning for youth immediately upon entering JR
- Identify strengths and challenges within major life domains considered critical to a youth's successful reentry (David Altschuler, 2010) including:
 - Family and living arrangements
 - Peer groups and friends
 - Mental, behavioral and physical health
 - Substance abuse
 - Education and vocation
 - Employment
 - Leisure, recreation and vocational interests
 - Life skills

JR LOOKING TO THE FUTURE

JR's *Integrated Treatment Model (ITM)* provides residential treatment based on cognitive behavior interventions and parole aftercare services through Functional Family Parole and other evidence-based practices that address the high needs of the most complex adolescents in Washington State. The research is clear that effective residential treatment must be followed with comprehensive community based aftercare services in order to generalize positive changes and reduce future incidents of crime.

Integrated Case Management (ICM) practices, as part of DSHS's mission, are reflected in JR's case management approach as well as wraparound principles. Continued collaboration with state agencies, local partners, youth and families will ensure that JR provides the most current, relevant and meaningful services that impact recidivism and increase community safety. JR parole services and the entire Administration will continue targeting resources to maintain core services that increase community safety and positive outcomes for youth and their families.

JR continues to examine the impacts of recent policy changes to release additional youth at their minimum release date. The outcomes examined will include comparisons between those youth released with parole aftercare and those released without parole. Additional evaluation on the effects of FFP on re-arrest and employment rates for youth participating in FFP services is being pursued in collaboration with RDA (see Appendix B). As an enterprise organization, JR will be ready to make data informed policy adjustments to continue providing effective services that reduce recidivism.

CONCLUSION

JR continues to enhance their broad system of parole services, including Intensive Parole. FFP focuses on individual youth and family needs, natural supports, careful supervision, and linkages to additional evidence-based programs. JR Parole Case Managers are consistently rated high in program adherence, critical to success in FFP.

The findings of the Washington Institute for Public Policy (Aos., et. al, July 2011) have established how much potential crime is reduced and how great the savings to the citizens of Washington State are when youth and their families participate in family based interventions like Functional Family Therapy (see Appendix B).

It will be important to improve and further develop institutional transition and reentry planning and interventions. Equally important is developing smoother transitions from institutions and community facilities to communities and increasing the ability to serve more youth with funding for parole restoration.

It's essential for JR to provide strong quality assurance and program oversight and to sustain model fidelity and continued program evaluation. The strengths of Functional Family Parole (FFP) are evident and continue to make positive changes in the lives of our youth. JR parole services work. They have been proven to reduce recidivism, make communities safer and save victims and citizens from harm and loss. FFP increases the likelihood for youth to engage in school, work and treatment programs and have a better chance at a safe and bright future.

APPENDIX A: JR YOUTH DEMOGRAPHICS

JR youth have complex needs and are at the highest end of the spectrum in terms of risk. The following information (ACT custom reports, FY13) highlights important data points that are considered in preparing residential treatment plans and parole transition and reentry activities. 673 youth released from JR residential programming in FY 13. Of those 673 youth*:

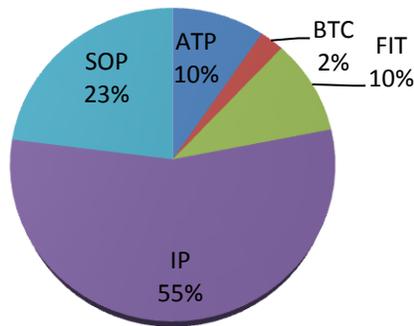
- Average age at release was 16.9 years of age
 - 532 (79%) were 16 years or older
 - 141 (21%) were 15 years or younger
 - 592 (88%) were male
- 276 (41%) were convicted of violent offenses
- 92 (14%) were convicted of sex offenses
- 191 (28%) had two or more treatment needs
- 336 (50%) were diagnosed as chemically dependent
- 251 (37%) met eligibility for Special Education (if known at intake)
- 415 (62%) were in the JR Mental Health Target Population

Violent offenses include Murder, Arson, Robbery and Assault

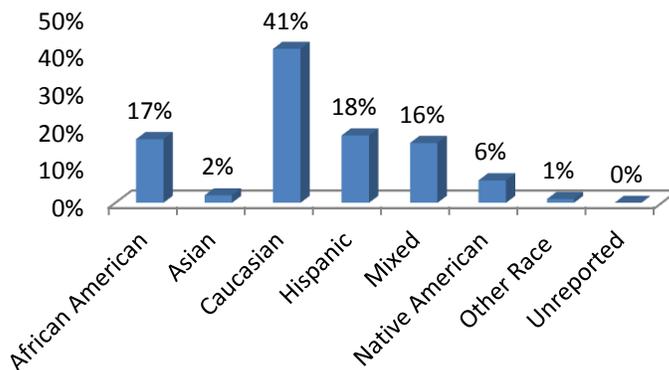
Sex offenses include Rape, Rape of a Child, Child Molestation, and Indecent Liberties with Forcible Compulsion

*percentages are rounded

Only 42% (283) of youth releasing from residential confinement in FY 13 were eligible for parole. The two charts below represent parole type and reported ethnicity for the parole population in FY13.



IP - Intensive Parole (n=156)
 BTC - Basic Training Camp (n=7)
 SOP - Sex Offender Parole (n=65)
 ATP - Auto Theft Parole (n=27)
 FIT - Family Integrated Transitions (n=28)



JR continues to examine the impacts of Disproportionate Minority Contact/Confinement (DMC). As policy adjustments are implemented, a DMC lens is utilized to ensure efforts to positively impact this disparity are realized.

APPENDIX B: FFP EVIDENCE BASE & YOUTH AND FAMILY OUTCOMES

Ongoing quality assurance ensures that parole counselors are delivering FFP with a high degree of program fidelity. Assessing sustainability of the FFP model lies in the Global Rating Measure which tracks case manager performance across one to three months. Achieving a consistently high degree of fidelity requires ongoing program consultation, training and evaluation. FFP consultants work on site with parole counselors to conduct field observations, guide discussions during case staffing and assess performance regularly to provide ongoing and relevant feedback.

Initial and annual training is provided by FFP experts in JR for new and veteran staff to keep current with model principles and provide additional support as they work with this challenging population.

Juvenile Rehabilitation has transformed its entire parole services continuum into a comprehensive system of youth and family based programs.

Functional Family Parole (FFP) has been shown to be positive and effective in three interim outcome studies^{13 14 15} and two preliminary outcome evaluations^{16 17} by Indiana University. The 2009 report¹⁸ found that FFP:

- **Significantly reduced the number of parole revocations** (by 14.7%) as compared to traditional parole services.
- **Significantly lowered post-parole crime severity** among youth with above average pre-crime severity “...indicating that the most difficult youth received more benefit from FFP.”
- **Resulted in improved family functioning**, youth behavior, parental supervision, family communication and reductions in family conflict.
- **Showed promising reductions in crime** when the parole counselor was highly adherent to the model
 - 12 months following release = 17.9 % reduction in felony crime
 - 18 months following release = 15.31% reduction in felony crime

The report also concluded that:

- Parole Counselors were able to learn and adequately perform FFP.
- Monitoring and promoting parole counselors’ ability to conduct FFP with high model fidelity is critical and the most important step for the future of the program.

¹³ Thomas Sexton PhD, Marcy Rowland B.A., Julia Gruber, B.A., *Preliminary Results from Client Outcome Measure-Parent (COM-P) for the Washington State Functional Family Parole Project*. February, 2005.

¹⁴ Thomas Sexton PhD and Marcy Rowland BA, *Preliminary Results from Adherence Ratings for the Washington State Functional Family Parole Project*, April, 2005.

¹⁵ Thomas Sexton PhD and Marcy Rowland BA, *Changes in Outcomes Across Time for the First Year of the Washington State Functional Family Parole Project*, June, 2005.

¹⁶ Marcy K. Rowland, BA and Thomas L. Sexton, PhD, *Preliminary Outcome Evaluation of the Washington State Functional Family Parole Project*, March 1, 2007

¹⁷ Thomas Sexton PhD, Marcy K. Rowland PhD, Amanda McEnery BA, *Interim Outcome Evaluation of the Washington State Functional Family Parole Project*, March 16, 2009

¹⁸ Sexton, T. L., Rowland, M. K., McEnery, A. March, (2009), *Interim Outcome Evaluation of the Washington State Functional Family Parole Project*, Center for Adolescent and Family Studies, Indiana University.

In 2011, the Research and Data Analysis (RDA) Division of DSHS, in collaboration with JR, published a study on the effects of FFP with two groups: youth released from residential confinement to FFP supervision and youth released with no parole aftercare services.

The outcome: Youth in the FFP group were significantly less likely to be re-arrested in the nine months following release and were more likely to be employed (*and they earned more money*) than the non-FFP group. These findings were statistically significant at the $p < .05$ and $P = .005$ level, respectively.



This study shows clear and immediate impacts of reduced crime and engagement in productive activity among youth who benefit from Functional Family Parole, the core service in all JR aftercare.

FFP continues to follow principles and skills closely aligned with the FFT model. In July 2011, the Washington State Institute for Public Policy (WSIPP) published an update to “...calculate the return on investment to taxpayers from evidence-based prevention and intervention programs and policies.” The Legislature instructed WSIPP to produce “a comprehensive list of programs and policies that improve . . . outcomes for children and adults in Washington and result in more cost-efficient use of public resources.” (Aos., et.al.)

WSIPP found FFT continues to produce one of the highest returns on investment ratios among the evidence based programs evaluated: “...an astounding 641%.”

In 2009, funding for Evidence Based Programs in the community led to the expansion of Family Integrated Transitions, Multi-Systemic Therapy, and Aggression Replacement Training. The result is a parole aftercare system designed to address the complex needs of high risk adolescents and their families.

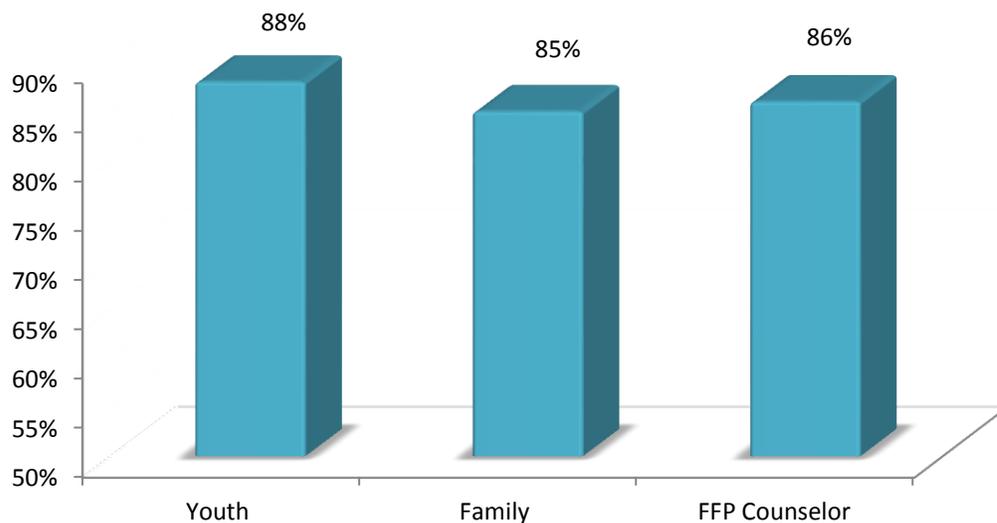
<u>Evidence Based Program</u>	<u>Benefit per Dollar Spent</u>	<u>Return on investment</u>	<u>Likelihood of a positive return</u>
Functional Family Therapy	\$11.86	641%	99%
Aggression Replacement Training	\$24.44	Not reported	93%
Multi-Systemic Therapy	\$4.07	28%	91%
Family Integrated Transitions	\$2.47	17%	86%

Youth and Family Outcomes

JR collects surveys from youth and families completing parole supervision inquiring about their experiences while working with the parole counselor during the parole period. Parole counselors also fill out surveys indicating their assessment of positive change with the youth's behavior as well as the youth and family relationships during the parole period.

Overall, many families report they are getting along better with their son/daughter on parole and the parolee is performing better in the community than they were before being involved in JR.

Outcomes were collected from 166 youth, 120 families and 193 parole counselors. The table below highlights the positive outcomes (those answering a little improvement or better for question #1) reported by youth, family and parole counselor for those assessments collected in FY13.



Parole Outcome Questions for the youth include:

1. How much have your relationships improved since parole started?
2. How much has your communication skills improved since parole started?
3. How much has your behavior improved?
4. How much has conflict in your relationships been reduced since parole started?

Questions are worded similarly for family members and the FFP counselor. Ratings are on a Likert scale ranging from A Lot of Improvement; Some Improvement; Only a Little Improvement; No Different; Things are Worse or Not Applicable.

APPENDIX C: FFP CASE MANAGEMENT SYSTEM

Functional Family Parole (FFP) is an evidence-based parole aftercare case management system for high risk adolescents and their families. The FFP model is an essential vehicle to motivate and engage, support and monitor and generalize effective programs and services including:

- Evidence Based Programs such as Functional Family Therapy, Aggression Replacement Training, Family Integrated Transitions, Multi-Systemic Therapy
- Educational and vocational programming
- Substance abuse treatment
- Sex offender treatment
- Mental health treatment
- Mentoring

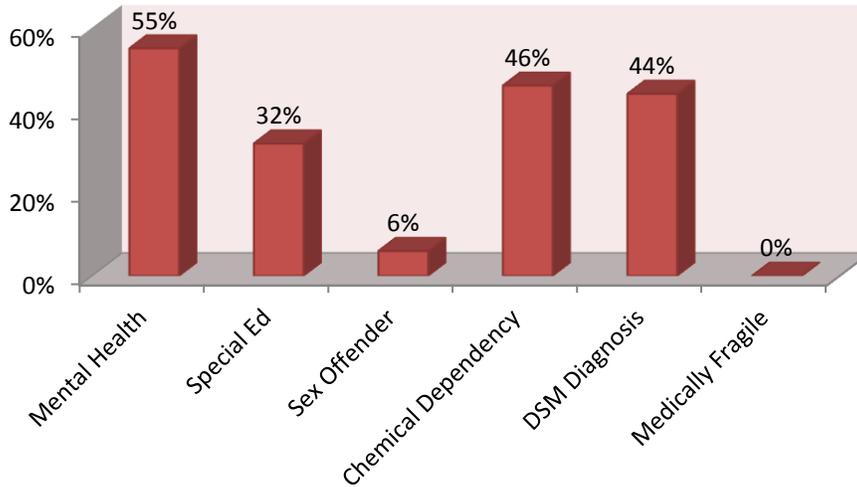
Functional Family Parole provides a motivational context through compulsory and incentive based activities. FFP aftercare supports public safety by using a balance of surveillance and community services to intervene and interrupt when a youth is acting dangerously to self and others including confinement, if necessary. FFP integrates well with Intensive Aftercare Parole models, as they both require the family to be the unit of intervention. FFP also supports wraparound principles and utilizes integrated case management practices by employing family-driven and youth-guided options for services.

Functional Family Parole is anchored in principles mirroring those in the evidence-based Functional Family Therapy model that guide interactions and decisions involving youth, families and community services. The principles of FFP are:

- **Balanced Alliance** – Having a working ‘balanced’ alliance assumes the families experience parole counselors as neutral (not taking sides and willing to listen). Parole counselors assess effectiveness of the balanced alliance based on how motivated the youth and family are to meet with them, how willing they are to talk and listen and participate in services.
- **Relational (Family) Focus** – Parole counselors focus on relationships between the youth and their family, community and peer group as a vehicle for understanding their needs, linking to appropriate services and supporting lasting change.
- **Strength Based** – Parole counselors emphasize the balance between risk and protective factors (considering the strength in behaviors) even if hard to define. The goal is to maintain motivation based on alliance, credibility and identification of youth and family strengths.
- **Respect** - Parole counselors work to respect family dynamics (what each person brings) by meeting them where they are and valuing the person. Youth and families should feel valued and safe in conversations and acknowledged for their efforts.
- **Matching** - The match principle guides parole counselor’s responses in the moment. They match to youth and families in what they say, how they say it and when they say it. Parole counselors match to the FFP phase (do the right thing at the right time using skills strategically) and match to the desired outcomes which are individually assessed by the parole counselor for each youth and family.

APPENDIX D: YOUTH RELEASED WITHOUT PAROLE SERVICES

The risk and needs profiles of youth releasing with no parole services are similar to those youth who receive FFP. The data below reflect the youth released from residential confinement to the community without parole aftercare in FY13, N=390.



Female offenders typically score lower on risk assessments and do not commit the types of offenses which require parole, leaving the majority of them ineligible for aftercare services.



No Parole Youth Gender

- Male
- Female

